

EXHIBIT 1

9589 0710 5270 0924 5001 19

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Washington, DC 20250

OFFICIAL USE

Certified Mail Fee	\$4.40
\$	\$3.65
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$12.00
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00
Postage	\$9.85
\$	\$17.90
Total Postage and Fees	
\$	\$17.90

Sent To The Honorable Thomas J. Blasko

Street and Apt. No., or PO Box No. 1400 Independence Ave., S.W.

City, State, ZIP+4® Washington, D.C. 20250-0506

HERNDON PO VA 20170
MAR 29 2024
0190 10
Postmark Here
03/29/2024

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Patrice A. Petrus</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: The Honorable Thomas J. Vilsack Secretary of Agriculture 1400 Independence Ave., S.W. Washington, D.C. 20250-0806</p>		<p>B. Received by (Printed Name) <i>Patrice A. Petrus</i></p> <p>C. Date of Delivery <i>4-1-24</i></p>	
<p>2. Article Number (Transfer from service label) 9589 0710 5270 0924 5001 19</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail Restricted Delivery (\$500)</p>		<p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9402 8501 3186 3855 94</p>		<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>	
		<p>Domestic Return Receipt</p>	